Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS			(Column		(Column 2)			SMALL ENTITY TYPE		OTHER OR SMALL I		
TOTAL CLAIMS		31					RATE	FEE	) 	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			3 / minus 20=		* //			X\$ 9=		OR	X\$18=	- 4
INDEPENDENT CLAIMS			9 minus 3 =		* /			X42=	1	OR	X84=	
MU	LTIPLE DEPENI	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in					r "0" in c	olumn 2	ı	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*3	Minus	*3		=		X\$ 9=		OR	X\$18=	9
AME		* +	Minus	***	(	=	11	X42=		OR	<del>-X84</del> -	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		J	+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* (19)	Minus	**	3]	=	$\prod$	X\$ 9=		OR	X\$18=	
	Independent	* (/ NTATION OF MI	Minus	***	T CLAIM	=	+	X42=		OR	X84=	
L	TITOTTTLOC	THAT OF THE	OLIN CE DE	CHELIT	. 02		┙╽	+140=		OR	+280=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	-
	A 188 : 110	(Column 1)			mn 2)	(Column 3)	)_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	8	OR	X\$18=	
	Independent	*	Minus	***				X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		┙╽	.140			1280-	
	If the entry in colur	mn 1 is less than t	he entry in colu	ımn 2, writ	e "0" in co	olumn 3.	L	+140= TOTAL		OR	+280= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## NOTICE OF FEE DUE

DATE:	01-10-02	<del></del>		0
TO:	_01-10-02 _VIILITY		87.57	1111
FROM:	Office of Initial Patent Examination	on		
SUBJECT:	Fee Due			
APPLICAT	ION NUMBER:	•	•	
Office for the authorization	for the attached document submit the following reason. Please check on to charge a deposit account. If a appropriate fee. If an authorization ciency.	the applicatior n authorization	n for the appropriate n is present, please	
☐ Insuffici	ient fee by check			
Ø Insuffici	ent funds in deposit account			
□ Declined	d credit card			
□ Non autl	horization for charge to deposit acc	ount		
□ No fee s	ubmitted per requirement			
	•	٠,		
The correct	fee code:	amount	\$	
The suspend	ded fee code: 197	amount	- \$	
Fee Due		amount .	=\$	
If you have a Eleanor Kurt	any questions, please contact Cynth z at 703-308-3642.	ia Streater at 7	703-306-5430 or	
Terminal Op	erator <u>Emebet Haile</u>			